

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 361

STATE FILE NUMBER

**63-047251**

**FILED DEC 16 1963**

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Length of stay in 1b <u>26 months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		d. STREET ADDRESS (If outside, give location) <u>108 West Atchison</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Millard</u> Middle <u>Lee</u> Last <u>Grady</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-21-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>railroad, streetcar motorman</u>		11. BIRTHPLACE (City and state or country) <u>Hallsville, Missouri</u>	
13a. FATHER'S NAME <u>John W. Grady</u>		14. NAME OF HUSBAND OR WIFE <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give war or dates of service) <u>unk</u>		17. INFORMANT Address <u>State Hospital No. 1, Fulton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>bronchopneumonia</u> DUE TO (b) <u>Chronic Brain Syndrome with old cerebral vascular accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. X attended the deceased from <u>State Hospital No. 1</u> <u>10-17-1961</u> to <u>12-12-1963</u> Death occurred at <u>8:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/12/63</u>	
22a. SIGNATURE <u>Alfred Schuchert M.D.</u>		22b. ADDRESS <u>Fulton, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-16-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
24. FUNERAL DIRECTOR <u>Tanner Funeral Home, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 14 - 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0141</u>	
2 <u>0269</u>	
3	
4 <u>0</u>	
5 <u>3</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>381X</u>	
10	
11	
12 <u>930</u>	
13 <u>1-0</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Omni L. L. Jones*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Belle Meade*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.